

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		1				51							
2		/		1			52							
3							53							
4				1			54							
5					1		55							
6		/	1				56							
7				1			57							
8		3		3			58							
9		3		3			59							
10		7		7			60							
11		7		7			61							
12		7		7			62							
13		7		7			63							
14		7		7			64							
15		7		7			65							
16		7		1			66							
17		7		7			67							
18		7		7			68							
19		7		7			69							
20				1			70							
21					1		71							
22						1	72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							